

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033745

042

1000

1094

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

20590

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

M. Tahir, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1094

FILED OCT 1 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Utica	
Length of stay in lb 3 mo. 16 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hospital		d. STREET ADDRESS (If outside, give location) Box 2	
3. NAME OF DECEASED (Type or print) First Middle Last Frankie Lee Baird		4. DATE OF DEATH Month Day Year September 24 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1897
9. AGE (last birthday) 65		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Wheeling, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Losson Baird		13b. MOTHER'S MAIDEN NAME Laura May Young	
14. NAME OF HUSBAND OR WIFE Mary O. Baird		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT State Hospital Records, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Fracture of both neck of femurs DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 week Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell on ward of the hospital, time unknown	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Unknown	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph State Hospital	20f. CITY, TOWN, OR LOCATION St. Joseph	20g. COUNTY Buchanan	20h. STATE Missouri
21. I attended the deceased from 9-21-62 to 9-24-62 and last saw him alive on 9-24-62 Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. State Hospital, St. Joseph, Mo.		22b. ADDRESS Chillicothe Missouri	
22c. DATE SIGNED 9-24-62		23. NAME OF CEMETERY OR CREMATORY Chillicothe Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/1962	23c. LOCATION (City, town, or county) Chillicothe Missouri	23d. STATE Missouri
24. FUNERAL DIRECTOR Heston-Bowman		25. DATE RECD. BY LOCAL REG. Sept. 24 1962	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 7/24/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 5010th, St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.